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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/607,806	
	Filing Date	June 27, 2003	
	First Named Inventor	Gail I. R. ADAM	
	Art Unit	1645	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	4	Attorney Docket Number	524592003200

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Request for Withdrawal As Attorney or Agent and Change of Correspondence Address (1 page, plus 2 copies) Return Postcard		
<table border="1"><tr><td>Remarks</td><td>Customer No. 25225</td></tr></table>			Remarks	Customer No. 25225
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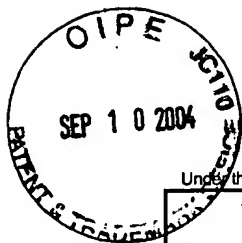
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP Kate H. Murashige - 29,959
Signature	<i>Kate H. Murashige</i>
Date	August 31, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 31, 2004

Signature: *Matthew Russell* (Matthew Russell)



PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/607,806
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Attorney Docket Number	524592003200

Commissioner for Patents
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Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

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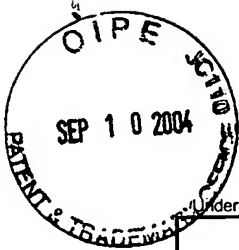
☐ Customer Number:

OR

☒ Firm or Individual Name **Bruce D. Grant
Biotechnology Law Group**

Address	658 Marsolan Avenue				
City	Solana Beach	State	California	Zip	92075-1931
Country	United States				
Telephone	(858) 623-9470			Fax	(858) 623-9476
Name	Kate H. Murashige				
Signature	<i>Kate H. Murashige</i>			Registration No.	29,959
Date	August 31, 2004			Telephone No.	(858) 720-5112

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.



PTO/SB/83 (09-03)

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Bruce D. Grant Biotechnology Law Group		
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City	Solana Beach	State	California
Country	United States		
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